PHASE I
Estimated Time frame: 0–1 week
Maximum Protection/Edema Control
- Ice and modalities to reduce pain and inflammation.
- Compression wrap/taping.
- Use of felt lateral malleolus horseshoe (goal to minimize swelling and restore malleolar definition).
- WBAT in brace/boot/taping. Advance off crutches as comfort allows.
- Elevation.
- Begin active ROM as comfort allows. Avoid inversion.
- Stationary bike.

PHASE II
Estimated Time frame: 1–2 weeks
Progressive Range of Motion and Early Strengthening
- Continue with modalities to reduce swelling and control pain.
- Wean off crutches as instructed.
- Continue with active range of motion with light terminal stretching.
- Begin BAPS (start out seated, progress to standing).
- Foot intrinsic strengthening.
- Begin closed chain progression bilateral progressing to unilateral (squats, calf raises, toe raises).
- Proprioception drills.
- Bike, elliptical, treadmill walking.
- Hydrotherapy if available. Pool jogging if comfort allows.

PHASE III
Estimated Time frame: 2–4 weeks
Progressive Strengthening
- Continue with modalities to reduce swelling.
- Restore full range of motion all planes.
- Continue with open and closed chain ankle and foot intrinsic strengthening.
- Progress difficulty of proprioception drills.
- Begin straight plane dry land jogging.
- Begin controlled lateral agility work.

PHASE IV
Estimated Time frame: 4–6 weeks
Advanced Strengthening—Return to Sports
- Continue with modalities as needed.
- Continue with end range stretching.
- Progress strengthening and proprioception.
- Advance to sprinting and agility drills. May need brace or tape.
- Simulate return to sport activity with field or court drills.
- Must demonstrate a negative clinical exam and pass a strength and agility test with greater than 90% efficiency for physician release.